

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.	FILING DATE				
								APPLICANT(S)					
CLAIMS								*	*	*			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2													
3													
4													
5													
6													
7													
8	1												
9		2											
10	1												
11	1												
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16													
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18		1											
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21		1											
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48													
49													
50													
TOTAL IND.	1												
TOTAL DEP.	2												
TOTAL CLAIMS	3												